

Exemplary Practices Compendium for Public Health in Washington State

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Introduction

In 2002, the Department of Health and the Washington State Association of Local Public Health Officials (WSALPHO) conducted a Baseline Evaluation of local health jurisdictions (LHJs) and selected state level DOH programs using the Standards for Public Health in Washington State. As part of the evaluation project, the consultants were directed to collect and evaluate exemplary practices that demonstrate the performance measures. Once again, as part of the 2005 Assessment of Performance re-measurement process, examples of potential exemplary practices were requested from the 34 LHJs, 25 DOH programs and the State Board of Health in order to create the Exemplary Practices Compendium for the Washington State public health system. In excess of 500 documents were collected and evaluated against specific criteria. Five criteria were used to identify exemplary practices:

- Optimally demonstrates at least one of the requirements of a measure,
- Timely and/or current,
- Concise and easy-to-use,
- Adaptable to other DOH programs or LHJs, and
- Available electronically.

More than 250 documents met the criteria for exemplary practice. They are included in the compendium as linked documents and organized by the performance measure(s) which they address.

One of the most effective strategies for system improvement is the use of best practices, work processes proven to achieve better results, to improve areas of lower performance. This requires identification of intended variation and instances of unintended variation in the practice and delivery of public health services. In order to improve a system's performance, it is important to identify where standardization benefits the system, in other words, where consistency results in more effective work processes and improved outcomes (reduction of unintended variation). It is also important to maintain intended variation and customization to address different needs in populations and communities (maintain intended variation). The appropriate balance of customization and intended variation is required to achieve high performance in all parts of a system.

By developing an electronic compendium, the state has provided almost instant access to exemplary practice documents for all programs and jurisdictions. Leaders and staff have

the ability, and the responsibility, to adapt and adopt these exemplary practices where they will improve and standardize the practice of public health in Washington State.

How to Use These Materials

To use this compendium, identify the specific measure or measures for which you want to review documentation, find that measure in the 1st column of this form and use the links or document title and source found in the 3rd column to view the document. The user is also encouraged to review documents from other parts of the public health system, such as LHJs adapting state program documentation and visa versa.

A few caveats about the contents of this compendium. These exemplary practice documents do not represent all or even the majority of the good models or best practices that are conducted in public health sites in Washington State. The documentation was selected by each site, and only examples of documentation were requested. A small percentage of documentation that was requested by the consultants was not submitted for review, and therefore is not included in this compendium.

Notes on the organization of this compendium: In the interest of promoting “cross-pollination”, this compendium is a combination of the exemplary practices identified for LHJs, DOH programs and the State Board of Health.

- Where the language of a measure is unique to either the local or state level, the measure is stated as a stand-alone segment, and its corresponding documents are separate (an example is AS 2.2 L and AS 2.2 S).
- Where the language of a measure is fundamentally the same for both local or state levels, the measure numbers are noted together, and the slight modifications are set apart by parentheses (see AS 1.2 L/S). The compiled documents are combined.
- Where the language of a measure is different, but the purpose of the measure the same for LHJs and DOH, those measures and their corresponding documents are compiled together (see AS 1.1 L and AS 1.1 S).
- Where the language of separate measures is fundamentally the same, but the measure numbers do not correspond to both LHJ and DOH, the measure numbers are stated with the corresponding language (see CD 1.4 L and CD 1.3 S). The compiled documents are combined.

Continuous Improvement of the Compendium

This is the second version of the documentation of public health exemplary practices. Over time, other documents should be added to continue to build and improve this valuable tool for improving the public health system and ultimately the health of the citizens of Washington State. The reviewers had a unique opportunity to visit every local health jurisdiction and many state level programs. Their observation is that ***“the public health system that can fully demonstrate almost every performance measure in the Standards for Public Health does exist; it just doesn’t exist in any single jurisdiction or state level program at this time”***.

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Understanding Health Issues: Standards for Public Health Assessment

ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 1.1 L	Current information on health issues affecting the community is readily accessible, including qualitative and standardized quantitative data.	<ul style="list-style-type: none"> • Island 2005 Key Indicator • Benton Franklin 2004 Community Assessment • Cowlitz Co 2004 Report Card • The Health of Grant County • King Co adolescent-pregnancy • King Co Infant-Mortality-1980-2002 • Kitsap Co KOSP-2004 annual report • Lewis Co LCNA • Pacific Co Human Services Report 2004 • Spokane Counts • Tacoma-Pierce Health of PC report 2004 • Thurston Co Full CD Assessment Report2005 • Thurston Co Healthy Youth Survey and BRFSS
AS 1.1 S	Consultation and technical assistance are provided to LHJs and state programs on health data collection and analysis, as documented by logs or reports. Coordination is provided in the development and use of data standards, including definitions and descriptions.	<ul style="list-style-type: none"> • DW Local Health Jurisdiction Survey • DW Survey Memo • LHJ Needs Assessment for FC revision-Summary of Responses • New York CR Training 3 05 Part I • New York CR Training 3 05 Part II • TB Cohort Review Data Dictionary • Introduction to Assessment email correspondence
AS 1.2 L/S	Written procedures are maintained and disseminated for how (and when) to obtain consultation and technical assistance (for LHJs or state programs) regarding health data collection and analysis, and program evaluation.	<ul style="list-style-type: none"> • Cowlitz Co Data Request TA protocol • Spokane Co 2005 Programs & Services • LHJ Needs Assessment for FC revision planned activities summary • EMSnT Desig Contact List • InjPrev Injury Homepage - Data Request Procedure • InjPrev Program Contacts Webpage • MCH Assessment Data Request

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		Guidelines
AS 1.3 L/S	Goals and objectives are established for assessment activities as a part of LHJ (DOH) planning, and staff (and resources) or outside assistance is identified to perform the work.	<ul style="list-style-type: none"> • King Co 2005 Workplan • Lincoln Co 2004-2005 Strategic Plan • Spokane Co 2005 Work Plan • Thurston Co 2004 Plan Development • Whatcom Co 2005 WORKPLAN • DW Sanitary Survey Program Plan 6-03 • On-site WWMP Planning Logic Model 05a • Tobacco Eval plan 10-8-03 • Water Recreation Program overview • WIC Annual Report
AS 1.4 L/S	Information on health issues affecting the community (state) is updated regularly and includes information on communicable disease, environmental health and data about health status. Data being tracked have standard definitions, and standardized qualitative or quantitative measures are used.	<ul style="list-style-type: none"> • Grant Co 2004 PH REPORT • Grant Co 2005 PH 1st quarter-FOR MAILING • Grant Co The Health of Grant County • King Co diabetes D • King Co Indic5 • King Co smoker1 • Tacoma-Pierce Assessment Data Mortality • Whatcom Co Epi-Watch March 2005 • STD Progress part2
AS 1.5 L/S	Staff members who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. (Statewide) training and peer exchange opportunities are coordinated and documented.	<ul style="list-style-type: none"> • Spokane Co Standards Training

ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 2.1 L	Assessment data is provided to community groups and representatives of the broader community for review and identification of emerging issues	<ul style="list-style-type: none"> • Grays Harbor Strategic Plan1 • King Co Building Health and Human Services in King County • Whatcom Co oral health data

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 2.1 S	<p>that may require investigation.</p> <p>Reports are provided to LHJs and other groups. The reports provide health information analysis and include key health indicators tracked over time.</p>	<ul style="list-style-type: none"> • CD-Epi Communicable Disease Report 2003 • CD-Epi Surveillance report final
AS 2.2 L	<p>The BOH receives a report annually on a local core set of indicators that includes data about community health status, communicable disease, and environmental health.</p>	<ul style="list-style-type: none"> • Clark Co PHAC Issues of Public Health Importance-March 2005 • Grant Co 2004 PH REPORT • Grant Co 2004GOAL-Review • Island 2005 Key Indicator • Lincoln Co 2004 Board of Health Report • San Juan Co Year End Report2004 • Tacoma-Pierce 2004 ACCOMPLISHMENTS
AS 2.3L/ S	<p>There is a planned, systematic process (involving LHJs, as appropriate,) that describes how documented or emerging health issues are identified, assessment data gathered and analyzed, and conclusions drawn regarding actions required.</p>	<ul style="list-style-type: none"> • Cowlitz Co Investigation of Emerging Health Issues Protocol • Cowlitz Co Public Health Policy Protocol • Spokane Co 2004 Strategic Planning Binder
AS 2.4 L/S	<p>Investigations of changing or emerging health issues are part of the annual goals and objectives (established by DOH).</p>	<ul style="list-style-type: none"> • Lincoln Co 2004-2005 Strategic Plan • Whatcom Co 2005 WORKPLAN
AS 2.5 L AS 2.2 S	<p>A (local) core set of indicators that includes data about community health status, communicable disease, and environmental health is used as the basis for continuous monitoring of the health status of the community (state). This set of core indicators tracks data over time to signal changes in priority health issues.</p>	<ul style="list-style-type: none"> • Grant Co 2004 PH REPORT • Grant Co 2004 GOAL-Review • Grant Co 2005 PH 1st quarter-FOR MAILING • Grant Co The Health of Grant County • Lincoln Co 2004 Board of Health Report • Whatcom Co 2005 WORKPLAN • Whatcom Co Epi-Watch March 2005 • CD-Epi Communicable Disease Report 2003 • CD-Epi Surveillance report final

ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 3.1 L	Progress towards program goals is reported annually to the Board of Health via a single compiled report or a planned calendar of reports.	<ul style="list-style-type: none"> • Grant Co 2004 PH REPORT • Grant Co 2004 GOAL-Review • Grant Co 2005 PH 1st quarter-FOR MAILING • San Juan Co Year End Report2004 • State of Spokane 2005
AS 3.1 S	Consultation and technical assistance are provided to LHJs and state programs on program evaluation, as documented by case write-ups or logs.	<ul style="list-style-type: none"> • DOH Sec Agency alignment tool • DOH Sec Evaluation training • STEPS to a Healthier US • WIC Logic Model_12-15-04
AS 3.2 L / S	There is a planned, systematic process that describes how appropriate data is used to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research.	<ul style="list-style-type: none"> • Jefferson Co Population and prevention 2005 performance measures • King Co Immun Annual Report • King Co TIPS Training 2005 • Kittitas Co 2004 Immunization GORI • Kittitas Co 2005.CHS GORI incl TB • Pacific Co Assessment and Evaluation of the Immunization Program • Snohomish Co -Guide to H S 2004 • Tacoma-Pierce Public Health 2004EVAL Plan • Walla Walla Work Plan - Food - WW – 2005 • Walla Walla Work Plan - OSS - WW - 2005 • Grant Co ADM 7 QI. • Whatcom Co 2005 WORKPLAN • Alignment tool • Alignment tool matrix • CHILD Goals Objectives 2004 11-04 • CHILD Materials Development Cycle • DW Nitrate Program Plan - Intranet
AS 3.3 L/S	Program performance measures are monitored, the data is analyzed, and regular reports document the progress towards goals.	<ul style="list-style-type: none"> • Benton-Franklin EH Annual Report 2003 • Grant Co 2005 PH 1st quarter-FOR MAILING. • Jefferson Co Population and prevention 2005 performance measures • King Co PH Imms prog productivity

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		<ul style="list-style-type: none"> • King Co TIPS Year End Report 2004 • Tacoma-Pierce Annual Immunization Report 2004 • Whatcom Co 2005 WORKPLAN • CRH Performance Monitoring and Reporting
AS 3.4 L	LHJ program staff have training in methods to evaluate performance against goals and assess program effectiveness.	<ul style="list-style-type: none"> • King Co United Way Workshop 1 • Spokane Co Outcome-Based Evaluation • Tacoma-Pierce EH outcomes training
AS 3.4 S	DOH staff members have been trained on program evaluation as evidenced by documentation of staff training.	<ul style="list-style-type: none"> • STD Developing an Evaluation Plan
AS 3.5 L/S	There is documentation that programs analyze and use performance monitoring data to change and improve program offerings.	<ul style="list-style-type: none"> • Skamania Co Family Planning-STD Program Eval packet • Lincoln Co 2004-2005 Strategic Plan • San Juan Co Year End Report 2004 • Spokane Co Suicide Prevention Logic Model 2004 • Tacoma-Pierce EH Focus Group Results • Thurston Co ABCD for BOH Feb 03 • Thurston Co abcdgoals2004 • HCMV Sept 04 Survey Results • Using Survey Results to Improve Program Performance

ASSESSMENT Standard 4: Health Policy decisions are guided by health assessment information, with involvement of representative community members.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 4.1 L	There is documentation of community involvement in the process of reviewing health data and recommending action such as further investigation, new program effort or policy direction.	<ul style="list-style-type: none"> • Lincoln Co Forums Report Final • San Juan Co Vision Retreat Outcomes2 draft • Spokane Co Healthcare System Assessment • Tacoma-Pierce EH Telephone Survey RPT
AS 4.1 S	There is documentation of	<ul style="list-style-type: none"> • Whatcom Co PHAB discussion Child

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	stakeholder involvement in DOH health assessment and policy development.	<ul style="list-style-type: none"> Health Services Report DW Water Use Efficiency Report Final Genetics EDDI retreat by Profession Minutes
AS 4.2 L	The annual report to the BOH summarizes assessment data, including environmental health, and recommends actions for health policy decisions.	<ul style="list-style-type: none"> Grant Co 2004 PH REPORT Lincoln Co 2004 Board of Health Report San Juan Co Year End Report2004 Whatcom Co 2005 Work Plan Cover Page Whatcom Co 2005 WORKPLAN
AS 4.2 S	There is a planned systematic process for using health assessment information to guide health policy decisions.	
AS 4.3 L	There is a planned systematic process that describes how health assessment data is used to guide health policy decisions.	<ul style="list-style-type: none"> Grant Co ADM 7 QI King Co HCHN Performance Policy Tacoma-Pierce Public Health 2004EVAL Plan Immunization 4th DTaP Health Summit Mtg 2.22.05 National Immunization Survey Report June 21 Zoonotics Exotic Pets
AS 4.3 S	State health assessment data is linked to health policy decisions, as evidenced through legislative requests, budget decisions, programs or grants.	
AS 4.4 L	Key indicator data being tracked and related recommendations are used in evaluating goals and objectives.	<ul style="list-style-type: none"> Thurston Co ABCD for BOH Feb 03 Thurston Co abcdgoals2004

ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AS 5.1 L/S	Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the DOH and among the DOH, LHJs and partner agencies.	<ul style="list-style-type: none"> Grays Harbor Confidentiality Policy211 Grays Harbor Data Sharing Agreement Spokane Co Assessment Protocol Manual Thurston Co Data sharing agreement 2004 DOH Sec Release of confidential information

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		<ul style="list-style-type: none"> • Confidentiality17-005 DOH • Data sharing agreement • Confidential Information Handling Protocol
AS 5.2 L/S	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	<ul style="list-style-type: none"> • King Co Encryption and Decryption Policy • King Co Encryption and Decryption Procedure • King Co Policy - FAX - Sending Receiving PHI • King Co Procedure - FAX - Sending Receiving PHI • Data sharing agreement • STD Secure File Transfer

Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 1.1 L/S	Information is provided to the public on how to contact the LHJ (DOH) to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists.	<ul style="list-style-type: none"> • King Co duty officer documents 001 • King Co duty officer documents 002 • King Co duty officer documents 003 • King Co Public Health Duty Officer Community Resources • Thurston Co Notification 911 • Thurston Co NOTIFICATION POLICY
CD 1.2 L	Health care providers and labs know which diseases require reporting, have timeframes, and have 24-hour local contact information. There is a process for identifying new providers in the community and engaging them in the reporting process.	<ul style="list-style-type: none"> • Asotin Co Identifying new providers to the valley • Asotin Co New Physicians to the valley Log. • Snohomish Co CD Investigation Guidelines
CD 12 S	Consultation and technical assistance are provided to LHJs on surveillance and reporting, as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point of contact.	<ul style="list-style-type: none"> • Requests for Technical Assistance • URLs from Jo Hoffmann
CD 1.3 L	There are annual reports to the BOH that include communicable disease surveillance activity and related data from the local core set of indicators.	<ul style="list-style-type: none"> • Clark Co PHAC Issues of Public Health Importance-March 2005 • King Co BOH Minutes 9-17-04 • King Co TB - BOH 2004 Sept 17 Final • Lincoln Co 2004 Board of Health Report • Pacific Co BOH Communicable Disease Report

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		<ul style="list-style-type: none"> • Tacoma-Pierce BOH Agenda • Tacoma-Pierce CD 2004 Surveillance and accomplishments
CD 1.4 L	Written protocols are maintained for receiving and managing information on notifiable conditions. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public.	<ul style="list-style-type: none"> • Tacoma-Pierce EPI RESPONSE PLAN
CD 1.3 S	Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies and accuracy and clarity of public health messages.	<ul style="list-style-type: none"> • Requests for Technical Assistance • URLs from Jo Hoffmann • CD-Epi Notifiable Condition Disease of Foodborne Origin
CD 1.4 S	Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and implications for investigation, intervention or education efforts are documented.	<ul style="list-style-type: none"> • STD Progress Report part 1
CD 1.5 L	The local core indicators relating to communicable disease are analyzed annually, and implications for changes in investigation, intervention, or education efforts are identified.	<ul style="list-style-type: none"> • Tacoma-Pierce CD Planning Tool 2004-05 • Whatcom Co 2005 WORKPLAN
CD 1.5 S	A statewide database for reportable conditions is maintained; surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually.	<ul style="list-style-type: none"> • CD-Epi Communicable Disease Report 2003
CD 1.6 L	A communicable disease tracking system is used which documents the	<ul style="list-style-type: none"> • King Co CD database screen prints (reporting samples)

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	initial report, investigation, findings and subsequent reporting to state and federal agencies.	
CD 1.6 S CD 1.7 L	Staff members receive training on reporting of communicable disease, as evidenced by training documentation.	<ul style="list-style-type: none"> • King Co Shigellosis • Tacoma Pierce Employee Training Log • Tacoma Pierce Training Travel Auth.

COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 2.1 L CD 2.1 S	<p>Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and hospitals.</p> <p>Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.</p>	Most LHJs and DOH programs demonstrated performance for this measure and no exemplary practices were identified.
CD 2.2 L	A primary contact person or designated phone line for the LHJ is clearly identified in communications to health providers and appropriate public safety officials for reporting purposes.	Most LHJs demonstrated performance for this measure and no exemplary practices were identified.
CD 2.3 L CD 2.2 S	Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. (There is a formal description of the roles and relationship between communicable disease, environmental health and program administration. Variations from overall process are identified in disease-specific protocols.)	<ul style="list-style-type: none"> • Cowlitz Co Outbreak Protocol • Snohomish Co CD Outbreak Plan Flowchart • Spokane Co Procedures Manual TOC • Tacoma-Pierce EPI RESPONSE PLAN • Thurston Co Employee Emergency Handbook • DOH Sec Comprehensive Emergency Mgmt Plan
CD 2.3 S	Written procedures describe how expanded lab capacity is made readily available when needed for	No exemplary practice identified for this measure.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	outbreak response, and there is a current list of labs having the capacity to analyze specimens.	
CD 2.4 S	DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats, as evidenced by protocols.	No exemplary practice identified for this measure.

COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 3.1 L	Lists of private and public sources for referral to treatment are accessible to LHJ staff.	<ul style="list-style-type: none"> • Adams Co Resource Manual
CD 3.1 S	Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies, as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage, and transportation of specimens.	<ul style="list-style-type: none"> • URLs from Jo Hoffmann • CD-Epi Notifiable Condition Disease of Foodborne Origin
CD 3.2 L	Information is given to local providers through public health alerts and newsletters about managing reportable conditions.	<ul style="list-style-type: none"> • King Co Nov 2004 EpiLog • Tacoma-Pierce CD Newsletter March 2005 • Snohomish Co CD Investigation Guidelines • Tacoma-Pierce Fall 2004 Rounds Summary
CD 3.2 S	DOH leads statewide development and use of a standardized set of written protocols and state statutes for communicable disease	The state CD/Epi program has developed disease specific protocols and templates for documentation that are available for LHJs at the URLs included in the first

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 3.3 L	<p>investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating investigations), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation).</p> <p>Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.</p>	<p>document below.</p> <ul style="list-style-type: none"> • URLs from Jo Hoffmann • Isolation and quarantine forms and resources • STD OASIS Enhanced Gonorrhea Interview Project • FBI Outbreak Supply List final <p>Numerous local jurisdiction CD manuals with disease specific protocols were evaluated and several met most of the requirements of this measure. Often the process for exercising legal authority was not present, so an Isolation and Quarantine exemplary practice is included below and above in the state level documents. PHIMS screen prints and case write-ups meet the requirement for documentation of staff member actions.</p> <ul style="list-style-type: none"> • Benton Franklin HD Isolation & Quarantine
CD 3.4 L CD 3.3 S	<p>An annual self-audit of a sample of (DOH) communicable disease investigations is done to monitor timeliness and performance in disease-specific protocols.</p>	<ul style="list-style-type: none"> • Grant Co NC 2 attachment investigation review sheet • Grays Harbor CD QI Matrix • King Co MONTHLY QA REPORT PROTOCOL • Snohomish Co Cohort Review Form TB
CD 3.4 S CD 3.5 L	<p>DOH identifies key performance measures for communicable disease investigations and consultation.</p> <p>LHJs identify key performance measures for communicable disease investigation and enforcement actions.</p>	<ul style="list-style-type: none"> • TB - Chart Audit Tool • Cowlitz Co Process Measures for Cowlitz CD Control • Tacoma-Pierce STD audit results August 2004.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 3.6 L CD 3.5 S	Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.	No exemplary practice identified for this measure.

COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 4.1 L CD 4.1 S	Information is provided through public health alerts to key stakeholders and press releases to the media. A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts.	Most LHJs and DOH programs demonstrated performance for this measure and no exemplary practices were identified.
CD 4.2 L	A current contact list of media and providers is maintained and updated at least annually. This list is in the communicable disease manual and at other appropriate departmental locations.	<ul style="list-style-type: none"> • Adams Co Resource Manual Update-LHJ-DOH 5-02-05
CD 4.2 S	A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency, as documented by case write-ups. State-issued announcements are shared with LHJs in a timely manner.	<ul style="list-style-type: none"> • DOH Sec News Release Checklist
CD 4.3 L/S	Roles are identified for working with the news media. Written policies identify the timeframes for communications and the expectations for all staff regarding	<ul style="list-style-type: none"> • King Co Public Health Media Policy • King Co Public Health Media Tips Guide • DOH Sec News Release Checklist

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases.	<ul style="list-style-type: none"> • SBOH Media Relations Guidelines
CD 4.4 S	Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan.	No exemplary practice identified for this measure.
CD 4.4 L CD 4.5 S	All staff that have lead roles in communicating urgent messages have been trained in risk communications.	No exemplary practice identified for this measure.

COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
CD 5.1 L	An evaluation for each significant outbreak response documents what worked well and what process improvements are recommended for the future. Feedback is solicited from appropriate entities, such as hospitals and providers. Meetings are convened to assess how the outbreak was handled, identify issues and recommend changes in response procedures.	<ul style="list-style-type: none"> • Cowlitz Co Post Investigation Review and Debriefing Tool.
CD 5.1 S	Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate extraordinary disease events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.	<ul style="list-style-type: none"> • 2002 Foodborne Outbreaks presentation • Foodborne Outbreak Summary Report-Kittitas
CD 5.2 L	Recommendations based on outbreak response evaluation and	No exemplary practice identified for this measure.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	recommendations for effective response efforts are reported to the BOH.	
CD 5.3 L CD 5.2 S	Model plans, protocols and evaluation templates for response to disease outbreaks or public health emergencies are developed and disseminated by DOH (to LHJs).	<ul style="list-style-type: none"> • Cowlitz Co Post Investigation Review and Debriefing Tool. • STD OASIS Enhanced Gonorrhea Interview Project • FBI Outbreak Supply List final • Guidelines for Investigating Clusters of Chronic Disease
CD 5.3 S	Model materials are revised based on evaluation findings, including review of outbreaks.	No exemplary practice identified for this measure.
CD 5.4 L CD 5.4 S	<p>Issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs</p> <p>Response issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.</p>	No exemplary practice identified for this measure.
CD 5.5 L/S	Staff members are trained in surveillance, outbreak response and communicable disease control and are provided with standardized tools.	No exemplary practice identified for this measure.
CD 5.6 L/S	There is documentation that outbreak response evaluation findings are utilized for process improvement, and take into consideration surveillance processes, staff roles, investigation procedures and communication efforts.	<ul style="list-style-type: none"> • Snohomish Co Influenza Vaccine Crisis - After Action plan 2 • Snohomish Co 2004 Influenza Clinic Start 2

Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 1.1 L	Information is available about environmental health, including compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.	<ul style="list-style-type: none"> • Whitman Columbia EH Newsletter
EH 1.1 S	Information is provided to the public about the availability of state level environmental health through brochures, flyers, newsletters, websites or other mechanisms.	<ul style="list-style-type: none"> • DW Water tap March 05 • Zoonotics Exotic Pets • 2002 Foodborne Outbreaks presentation
EH 1.2 L/S (must show community involvement)	Stakeholders are involved in appropriate ways in addressing environmental health issues, including through presentations or technical assistance.	<ul style="list-style-type: none"> • Skagit Co Septic Liaison Program • Zoonotics Exotic Pets
EH 1.3 L/S (must show annual review of educational materials)	Environmental health education information in all forms (including technical assistance) is reviewed at least annually, and is updated, expanded or contracted as needed based on revised regulations, changes in stakeholder needs, etc.	<ul style="list-style-type: none"> • Kittitas Co 2005 GORI • Skagit Co Septics 101 Evaluation Form • Tacoma-Pierce EH Water Outreach and Education Workplan • ODW final report survey1 final june7 2004
EH 1.4 L (must show measures for critical components and evaluate effectiveness)	The critical components of all EH activities are identified and used as the basis for education that is provided. Workshops and other in-person trainings (including technical assistance) are evaluated to determine effectiveness.	<ul style="list-style-type: none"> • King Co WNV Phased Response to Surv findings 04 05 • Kitsap Co OM campaign • Kittitas Co Food Handler Class Evals July 04 • Kittitas Co Food Presentation Survey
EH 1.4 S (must show identification of stakeholder educational needs)	Environmental health education is provided in conformance with needs of stakeholders, as identified through meetings, surveys, or other assessment means.	<ul style="list-style-type: none"> • DW survey2 Water Works Operators

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 1.5 S (must evaluate effectiveness of educational offerings)	Environmental health education is assessed for effectiveness through evaluations of participants, surveys, or other means.	<ul style="list-style-type: none"> • DW survey2 Water Works Operators
EH 1.6 S	Staff members conducting environmental health education have skills (health education, communication, etc) as evidenced by job descriptions, resumes or training documentation.	No exemplary practice identified for this measure.

ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 2.1L/S	Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number.	<ul style="list-style-type: none"> • Lincoln Co att 4 alerts and notifications • Yakima 24 7 policy DRAFT
EH 2.2L/ S (must show EH staff involved in debrief, and changes in EH response based on debrief)	Environmental health threats and public health emergencies are included in the emergency response plan. After a public health emergency response involving environmental health occurs, environmental health staff are included in the after-action debrief. Any changes to the response plan affecting environmental health response are documented.	<ul style="list-style-type: none"> • Cowlitz Co Post Investigation Review and Debriefing Tool • Comprehensive Emerg. Mgmt Plan
EH 2.3 L	Environmental health services that are critical to access in different types of emergencies are identified. Public education and outreach includes information on how to access these critical services. After-action debrief includes a review of the accessibility of those services, and any changes necessary are made and documented.	<ul style="list-style-type: none"> • Okanogan Emergency Info Control • Clark Co Emergency drinking water supplies after a flood • Clark Co Emergency water supply guidelines • Clark Co Handling flood-damaged foods • Clark Co Keep food safe during power outages

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 2.3 S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness for environmental events or natural disasters that threatens the public's health. Procedures are in place to evaluate the effectiveness of these emergency response plans. Plans or procedures are revised based on event debriefing findings and recommendations.	<ul style="list-style-type: none"> • DW Emergency Response Planning Guide 5-12-03
EH 2.4 L	There is a plan that details the roles and responsibilities for LHJ staff in a natural disaster or other public health emergency that both stands alone and is part of the local emergency response plan. All LHJ staff receive annual training on their respective duties.	<ul style="list-style-type: none"> • Thurston Co Employee Emergency Handbook • Grays Harbor Communications Plan Body
EH 2.4 S	There is a plan that describes DOH internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other state and local emergency response plans.	<ul style="list-style-type: none"> • Comprehensive Emerg. Mgmt Plan
EH 2.5 S	Appropriate DOH program staff are trained in risk communication and the DOH emergency response plan, as evidenced by training documentation.	<ul style="list-style-type: none"> • Grays Harbor Communications Plan App M & O

ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 3.1 L	Environmental health data is available for community groups and other local agencies to review.	<ul style="list-style-type: none"> • King Co April 04 EpiLog • King Co Food Protection Program – Inspections • Lewis County - County Level Data

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 3.1 S	Coordination to develop environmental health indicators and data standards is provided.	<ul style="list-style-type: none"> • On-site RDC Final DRAFT Report
EH 3.2 L/S	Key indicators of environmental health risks and illnesses are identified. A system is in place for reporting of any suspected environmental health illnesses based on those indicators and reporting is tracked to monitor trends. A system is in place to assure the data is shared with appropriate local, regional, state, and national agencies.	<ul style="list-style-type: none"> • King Co FBI Line List Protocol • King Co FBI past 1 WEEK04 04 05 • King Co FBI Protocol3 05 • Snohomish Co 4th qtr EpiNews
EH 3.3 L/S (must show determination of whether improvements are needed)	Public requests, testimony before the State Board of Health, compliance rates, and other data and information is used to determine what internal or external quality improvements may be needed. If needed, a plan is develop to institute changes over time.	<ul style="list-style-type: none"> • Adams Co Client Survey Improvement Policy 4-27-05 • Grays Harbor LCDF-H20 2004 (report) • Skagit Co NOV 2003 • 2005 Tacoma-Pierce STGPD Revision Work Plan Draft JWS • LHJ Needs Assessment for FC revision planned activities summary • On-site Glendon & Mound Report-Summary

ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
EH 4.1 L/S	Written policies, local ordinances, laws and administrative codes are accessible to the public.	<ul style="list-style-type: none"> • DW water use efficiency rule
EH 4.2 L EH 4.3 S	There are written procedures to follow for enforcement actions. The procedures specify the type of documentation needed to take an enforcement action, which conforms with local policies, ordinances and	<ul style="list-style-type: none"> • Adams Co OSS Failure-Replacement Policy 4-27-05 • Benton Franklin HD Complaint response procedure • Cowlitz Co Food Enforcement Proc 2005_REV1

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	state laws.	<ul style="list-style-type: none"> • Grays Harbor Water Rec Fac Procedure Manual • Lewis Co Code violation procedures - March 31 2005 • Skagit Co What You Can Do Now re O&M
EH 4.2 S	Information about best practices in environmental health compliance activity is gathered and disseminated or posted to agency's website, including, as appropriate, form templates, time frames, interagency coordination steps, hearing procedures, citation issuance and documentation requirements.	<ul style="list-style-type: none"> • Guidelines for a Foodborne Illness Investigation • DW Compliance Strategy Decision Matrix – Final • Water Rec - DOH Rules
EH 4.3 L EH 4.4 S	[There is a documented process for periodic review of enforcement actions and] A selected number of enforcement actions are evaluated each year to determine compliance with and effectiveness of enforcement procedures. If needed, procedures are revised.	<ul style="list-style-type: none"> • Cowlitz Co Program Audit Report • Kittitas Co Food Program Quality Assurance SOP
EH 4.4 L EH 4.5 S	Enforcement actions are logged (tracked) from the initial report, through the investigation, findings, and enforcement action, and are reported to other agencies as required.	No exemplary practice identified for this measure.
EH 4.5 L EH 4.6 S	Appropriate environmental health staff are trained on enforcement procedures, as evidenced by training documentation.	No exemplary practice identified for this measure.

Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 1.1 L	Prevention and health promotion priorities are selected with involvement from community groups and other organizations interested in the public's health.	<ul style="list-style-type: none"> • Clark Co PHAC Issues of Public Health Importance-March 2005 • Clark Co PHAC Priority Issues for 3-16-04 • Cowlitz Co Community strategic plan presentation • Cowlitz Co Pathways 2020 Priority Areas - SJMC Presentation • Jefferson Co HJ flier • Jefferson Co Prevention.indd1
PP 1.1 S	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about best practices in prevention and health promotion programs.	<ul style="list-style-type: none"> • Nutrition and Physical Activity in Washington Partners in Action • MIH Depressed Mothers - 2005 presentation
PP 1.2 L	Prevention and health promotion priorities are adopted by the BOH, based on assessment information, local issues, funding availability, program evaluation and experience in service delivery, including information on best practices or scientific findings.	<ul style="list-style-type: none"> • Grant Co BOH planning memo Sept 04 • Grant Co PROGRAM PRIORITIZATION revised • Thurston Co Chemical Dependency Needs Assessment
PP 1.2 S	Consultation and technical assistance is available to assist LHJs in proposing and developing prevention and health promotion policies and initiatives. Written procedures are maintained and shared, describing how to obtain consultation and assistance regarding development, delivery or evaluation of prevention and health promotion initiatives.	<ul style="list-style-type: none"> • Health Promotion OHP work request form

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 1.3 L	Prevention and health promotion priorities are reflected in the goals, objectives and performance measures of the LHJ's annual plan. Data from program evaluation and key indicators is used to develop strategies.	<ul style="list-style-type: none"> • Adams County TB and Immunization program Report 2004 • Grant Co 2005 PH 1st quarter-FOR MAILING • Grant Co COUNTY letter2 • Pacific Co WIC Nutrition Ed Plan- ATTACHMENT A • Tacoma-Pierce Logic Model for Drinking Water • Thurston Co Steps Asthma Action Plan • Thurston Co Steps Project Monitoring Report Year1
PP 1.3 S	Priorities are set for prevention and health promotion services, and plans are developed with goals, objectives and performance measures.	
PP 1.4 S	Program plans are evaluated and revised regularly, incorporating information from health assessment data and program evaluation.	<ul style="list-style-type: none"> • CHILD PMT - Provider Recruitment - 5-6-05 – Final

PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 2.1 L/S	The LHJ (DOH) involves community members, partners, and stakeholders, and uses data to set prevention and health promotion priorities.	<ul style="list-style-type: none"> • Lincoln Co Forums Report Final
PP 2.2 S	DOH collects information about successful community mobilization efforts for prevention and health promotion priorities. These examples are shared with other DOH programs, LHJ's and stakeholders.	<ul style="list-style-type: none"> • CAH System Development Tracking Log - Oct-Mar 05
PP 2.3 S	The statewide plan for prevention and health promotion identifies efforts to link public and private partnerships into a network of prevention services.	No exemplary practice identified for this measure.
PP 2.2 L PP 2.4 S	(DOH) staff members have training in methods for community involvement as evidenced by training documentation.	<ul style="list-style-type: none"> • Genetics Involving Communities in public health

PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships. (Prevention services may be focused on reaching individuals, families and communities. Examples of prevention services include chronic disease prevention, home visiting by public health nurses, immunization programs, efforts to reduce unintentional injuries and violence, including sexual assault.)

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 3.1 L	Summary information is available to the public describing preventive services available in the community. This may be produced by a partner organization or the LHJ, and it may be produced in a paper or web-based format.	No exemplary practice identified for this measure.
PP 3.1 S	The DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention and health promotion evaluation results is collected and shared statewide.	<ul style="list-style-type: none"> • Fam Planning – Rep Hlth NCPP Fed Rpt – FINAL • Flu Vaccine Shortage AAR Report 2005
PP 3.2 L / S	Local prevention services are evaluated (Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information) and a gap analysis that compares existing community prevention services to projected need for services is performed periodically and integrated into the priority setting process.	<ul style="list-style-type: none"> • Jefferson Co 97-2004 FP Program Evaluation • Jefferson Co FP97 • Grays Harbor DASA Plan 2005-2007 • Lewis Co COMMUNITY READINESS INTERVIEWS - FINAL REPORT • Thurston Co Home Visit Plan 2002 • CSHCN Evaluation Report for Mental Health Toolkit
PP 3.3 L	Results of prevention program evaluation and analysis of service gaps are reported to local stakeholders and to peers in other communities.	<ul style="list-style-type: none"> • King Co Application Final • King Co cover memo collaborative • King Co LS1-Agenda (2) • King Co Team Contact List
PP 3.4 L PP 3.3 S	A quality improvement plan incorporates program evaluation findings, evaluation of efforts to	<ul style="list-style-type: none"> • King Co Dev groups 04 summary

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	involve the community, use of emerging literature and best practices and delivery of prevention and health promotion services.	

PROMOTION AND PREVENTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 4.1 L	Prevention priorities adopted by the BOH are the basis for establishing and delivering prevention, early intervention and outreach services.	<ul style="list-style-type: none"> • Clark Co 2004 Health Report • Clark Co new PH director intro • Snohomish Co PiCC EPA Final Grant Report
PP 4.1 S	Consultation and technical assistance on program implementation and evaluation of prevention services is provided for LHJs. There is a system to inform LHJs and other stakeholders about prevention funding opportunities.	No exemplary practice identified for this measure.
PP 4.2 L	Early intervention, outreach and health education materials address the diverse local populations and languages of the intended audience. Information about how to select appropriate materials is available and used by staff.	<ul style="list-style-type: none"> • Cowlitz Co Algorithm for Moms on the Move • King Co Education Materials Policy • King Co HEM Website Info • Lincoln Co 2004 BOH rpt cover • USDA 10 Steps for Parents • WA DSHS MAA First Steps brochure
PP 4.2 S	Outreach and other prevention interventions are reviewed for compliance with science, professional standards, and state and federal requirements. Consideration of professional requirements and competencies for effective prevention staff is included.	<ul style="list-style-type: none"> • CHILD Profile Governors Award Application • Injury and Violence Prevention Competencies
PP 4.3 L	Prevention programs collect and use information from outreach, screening, referrals, case management and follow-up for program improvement. Prevention programs, provided directly or by contract, are evaluated against	<ul style="list-style-type: none"> • Adams Co Yearly Comparison Report • Adams County TB and Immunization program Report 2004 • King Co 2005 VFC Site Visit Checklist • King Co Data Feedback Protocols VFC • King Co VFC site visit Follow Up Letter

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 4.3 S	<p>performance measures and incorporate assessment information. The type and number of prevention services are included in program performance measures.</p> <p>Prevention services have performance measures that are tracked and analyzed, and recommendations are made for program improvements.</p>	<ul style="list-style-type: none"> • Snohomish Co CD Investigation Guidelines
PP 4.4 S	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.	No exemplary practice identified for this measure.
PP 4.4 L	Staff providing prevention, early intervention or outreach services have appropriate skills and training as evidenced by job descriptions, resumes or training documentation.	<ul style="list-style-type: none"> • Cowlitz Co Training Log Hilton Example
PP 4.5 S	DOH staff members have training in prevention, early intervention or outreach services as evidenced by training documentation.	

PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts. . (Health promotion activities may be focused on the entire state or community or on groups within the community. Examples of health promotion activities include educational efforts aimed at increasing physical activity, reduction in tobacco use, improved dietary choices.)

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 5.1 L	Health promotion activities intended to reach the entire population or at-risk populations in the community are provided directly by LHJ's or by contractors.	<ul style="list-style-type: none"> • Benton Franklin HD LCDF Annual Report Form 2004
PP 5.1 S	DOH provides health promotion activities intended to reach either the entire population or at-risk populations in the community.	

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
PP 5.2 L	Procedures describe an overall system to organize, develop, distribute, evaluate and update health promotion materials. Technical assistance is provided to community organizations, including "train the trainer" methods.	<ul style="list-style-type: none"> • Spokane Co Reviewing Printed Materials • Thurston Co Health Ed Assessment 2003
PP 5.2 S	Literature reviews of health promotion effectiveness are conducted and disseminated. Consultation and technical assistance on health promotion implementation and evaluation is provided for LHJs. There is a system to inform LHJs and other stakeholders about health promotion funding opportunities.	<ul style="list-style-type: none"> • DOH/MCH/Stepping Up Website • Immunization 4th DTaP Health Summit Mtg 2.22.05.
PP 5.3 S	Health promotion activities are reviewed for compliance with science, professional standards, and state and federal requirements. Health promotion materials that are appropriate for statewide use and for key cultural or linguistic groups are made available to LHJs and other stakeholders through a system that organizes, develops, distributes, evaluates and updates the materials.	No exemplary practice identified for this measure.
PP 5.3 L PP 5.4 S	Health promotion activities have goals, objectives and performance measures that are tracked and analyzed, and recommendations are made for program improvements. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.	<ul style="list-style-type: none"> • Whatcom Co 2005 WORKPLAN
PP 5.4 L PP 5.5 S	(DOH) staff members have training in health promotion methods as	<ul style="list-style-type: none"> • Tacoma Pierce FSP Flyer 03-25-04 • Tacoma Pierce FSP TngLog 03-25-04

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	evidenced by training documentation.	<ul style="list-style-type: none"> • Tacoma-Pierce PPC Tng Sch Memo 03-04 • Whatcom Co 2005 WORKPLAN

Helping People Get the Services They Need: Standards for Access to Critical Health Services

ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AC 1.1 L	Up-to-date information for analysis of local critical health services is available for use in building partnerships with community groups and stakeholders.	<ul style="list-style-type: none"> • Island 2005 Key Indicator • Lincoln Co Forums Report Final • Spokane Co Health Care System Inventory • Thurston Co Strategies to Improve Access to Care • Access Status Report FINAL Revised
AC 1.1 S	A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies.	
AC 1.2 L	LHJ staff and contractors have a resource list of local providers of critical health services for use in making client referrals.	<ul style="list-style-type: none"> • CRH Access to PCPs
AC 1.2 S	Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services.	
AC 1.3 L	The list of critical health services is used along with assessment information to determine where detailed documentation of local capacity is needed.	<ul style="list-style-type: none"> • King Co FINAL Health SLI report • Lincoln Co Forums Report Final

ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AC 2.1 L	Data tracking and reporting systems include key measures of access. Periodic surveys are conducted	<ul style="list-style-type: none"> • Lincoln Co Forums Report Final • Thurston Co Health safety net profile • Whatcom Co 2005 WORKPLAN

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	regarding the availability of critical health services and barriers to access.	
AC 2.1 S	Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services.	No exemplary practice identified for this measure.
AC 2.2 S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access.	No exemplary practice identified for this measure.
AC 2.2 L AC 2.3 S	Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other data tracking.	<ul style="list-style-type: none"> • CRH - Primary Care Safety Net • EMSnT TMD survey report • MIH Key Indicators of Perinatal Health 2004
AC 2.3 L AC 2.4 S	<p>The BOH receives summary information regarding access to critical health services at least annually.</p> <p>Periodic studies regarding workforce needs and the effect on critical health services are analyzed and disseminated to LHJ's and other agencies.</p>	<ul style="list-style-type: none"> • Thurston Co Chemical Dependency Needs Assessment • Whatcom Co 2005 WORKPLAN • CRH Access to PCPs

ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AC 3.1 L	Community groups and stakeholders, including health care providers, are convened to address access to critical health services, set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.	<ul style="list-style-type: none"> • Lincoln Co Forums Report Final • San Juan Co Vision Retreat Outcomes

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AC 3.1 S	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.	<ul style="list-style-type: none"> • MIH Understanding Access to Obstetrical Care in Washington Statev5
AC 3.2 L	Coordination of critical health service delivery among health providers is reflected in the local planning processes and in the implementation of access initiatives.	No exemplary practice identified for this measure.
AC 3.2 S	State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers.	<ul style="list-style-type: none"> • Inj Prev Assessment of Violence Against Women Activities
AC 3.3 S	Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance coverage.	No exemplary practice identified for this measure.
AC 3.3 L AC 3.4 S	Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives and performance measures.	<ul style="list-style-type: none"> • Thurston Co Project Access Evaluation Plan 062204 • Thurston Co Project Access Intervention Profile • Whatcom Co 2005 WORKPLAN

ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AC 4.1 L	Clinical services provided directly by the LHJ or by contract have a written quality improvement plan including specific quality-based performance or outcome measures. Performance measures are tracked and reported.	<ul style="list-style-type: none"> • Lincoln Co 2004-2005 Strategic Plan • Snohomish Co FINAL Site Visit Tool • Walla Walla 10.5.2 Quality Improvement Planning
AC 4.1 S	Information about best practices in delivery of critical health services is gathered and disseminated.	<ul style="list-style-type: none"> • Immunization - Group B strep provider cover letter 4-03 • InjPrev

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	Summary information regarding delivery system changes is provided to LHJs and other agencies.	Washington State Childhood Injury Report
AC 4.2 L AC 4.2 S	<p>Staff members are trained in quality improvement methods as evidenced by training documentation.</p> <p>Training on quality improvement methods is available and is incorporated into grant and program requirements.</p>	No exemplary practice identified for this measure.
AC 4.3 S	Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance or outcome measures.	No exemplary practice identified for this measure.

Administrative Capacity Standards

Administrative Capacity Standard 1: Effective financial and management systems are in place in all public health agencies.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AD 1.1 L/S	The organization's State audit report indicates that the accounting system is functioning in accordance with BARS and generally accepted accounting principles for governmental entities and demonstrates adequate internal controls.	No exemplary practice identified for this measure.
AD 1.2 L/S	Financial audit recommendations and findings are promptly addressed.	No exemplary practice identified for this measure.
AD 1.3 L/S	The budget is aligned with the agency strategic plan and reflects agency goals. [See AD 4.7- requirement for strategic plan]	<ul style="list-style-type: none"> • Grant Co PROGRAM PRIORITIZATION • San Juan Co Budget narrative-05 • Tacoma-Pierce 2005 Budget • Whatcom Co 2005-06 Budget
AD 1.4 L/S	Guidelines and policies exist regarding collection of all available revenues. There is written policy that guides the department's decisions on obtaining revenue.	<ul style="list-style-type: none"> • Adams Co Fiscal 2005 • Chelan Douglas Accounts Receivable Procedures • Whatcom Co HL162001Z Charging Fees for Services
AD 1.5 L/S	The accounting reporting system provides timely and useful financial management information.	<ul style="list-style-type: none"> • Garfield 2004 COMM REPORT
AD 1.6 L/S	The budget is monitored regularly as appropriate for budgetary control.	No exemplary practice identified for this measure.
AD 1.7 L	LHJ contracts with subcontractors/vendors for local services: a. Reflect contract accounting and reporting requirements, and b. Are systematically and effectively monitored for contractor requirements and deliverables.	<ul style="list-style-type: none"> • King Co Agency Self-Assessment Tool-Administrative • King Co Agency Self-Assessment Tool-TEMPLATE • King Co FINISHED REPORT-TEMPLATE • King Co Fiscal and Administrative Monitoring Defined • King Co Monitor's Questions for On-

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		Site Review <ul style="list-style-type: none"> • King Co Overall Monitoring List
AD 1.7 S	Contracts for services between state programs and LHJs: <ol style="list-style-type: none"> Are consistent across state programs in establishing reporting requirements for local public health contractors, Are systematically and effectively monitored for contractor reports and deliverables, and Use consistent procedures for solicitation of contractors 	No exemplary practice identified for this measure.
AD 1.8 L/S	Contracts meet legal review and requirements	<ul style="list-style-type: none"> • Cowlitz Co BOCC Res. Contracting Policy • Cowlitz Co Contract Tracking Form • Lewis Co Example BOH agenda item summary • Tacoma-Pierce Pumpkin Internal Approval Page for Contracts • Thurston Co Contracting Procedures • Thurston County Contracting Policy • Whatcom Co HL262002A Processing Contracts & Amendments
AD 1.9 L/S	Facilities and systems are compliant with contractual ADA requirements.	<ul style="list-style-type: none"> • Leased facilities

Administrative Capacity Standard 2: Human Resource systems and services support the public health workforce.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AD 2.1 L/S	A plan is in place that shows the agency values diversity and cultural competence.	<ul style="list-style-type: none"> • Yakima Values
AD 2.2 L/S	Workplace policies promoting the recruitment and retention of qualified and diverse staff are in place.	<ul style="list-style-type: none"> • Kitsap Co recruitment procedures • Thurston Co New Employee Hiring Protocols
AD 2.3 L/S	The compensation decision-making process for both exempt and nonexempt staff is documented.	No exemplary practice identified for this measure.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AD 2.4 L/S	Staff have access to: a. written, up-to-date personnel rules and/or labor contracts, and b. written job specifications and position descriptions.	<ul style="list-style-type: none"> • Grays Harbor orient • Kitsap Co new employee orientation
AD 2.5 L/S	Systems are in place to administer personnel laws, labor contracts and regulations	<ul style="list-style-type: none"> • Kitsap Co recruitment procedures
AD 2.6 L/S	Performance evaluations are done and performance improvement plans exist that promote learning and development for individual employees.	<ul style="list-style-type: none"> • Kitsap Co EVALGUID • Tacoma-Pierce PE report

Administrative Capacity Standard 3: Information Systems support the public health mission.

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AD 3.1 L/S	Information technology policies and procedures are in place for assuring protection of data (passwords, firewalls, backup systems) and data systems, to address security, redundancy, and appropriate use. There is documentation of monitoring these policies and procedures for compliance.	<ul style="list-style-type: none"> • Clark Co HIPAA Security Manual • King Co Procedure - Safeguards-Physical Access • King Co Audit Controls Policy v1-19-2005 • King Co Computing Device Use Policy • King Co Contingency Planning Policy v1-21-2005 • King Co Data Backup and Storage - Policy v2-7-05 • King Co Electronic Info Access Management Policy • King Co Electronic Info Access Mgmt Proc v3-30-05 • King Co Information Systems Risk Assessment Proc v2-28 • King Co Information Systems Risk Management Policy • King Co Password Management Policy • King Co Policy - Safeguards (General) • King Co Security Evaluation Proc v1-27-05 • King Co Security Program Policy v4-20-05

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		<ul style="list-style-type: none"> • Kitsap Co A-1 Information Technology Security Use • DOH Sec Backup and media storage
AD 3.2 L/S	Computer hardware and software is available to support word processing, spreadsheets with basic analysis capabilities, databases, email and Internet access	<ul style="list-style-type: none"> • Snohomish Co Revised Software Installation • Snohomish Co Revised Hardware Standards Policy • Snohomish Co Revised Internet Electronic Mail • Snohomish Co PDA Policy Final • Tacoma-Pierce 2005 CPU Deployment Schedule • DOH Agency wide technology acquisition • DOH IT flowchart • DOH workstation standards
AD 3.3 L/S	Information Technology staff is available to develop, operate, and maintain data systems and to keep these systems secure.	<ul style="list-style-type: none"> • Grant Co IS Coordinator • King Co 2005 MIS Work Plan Final 2-7-05 •
AD 3.4 L/S	Information Technology staff are trained in the management of information systems.	No exemplary practice identified for this measure.
AD 3.5 L/S	Strategies for use of future technologies are part of the agency or county IS plan.	<ul style="list-style-type: none"> • Clark Co Strategic IT Plan Status Report • Spokane Co InfoSystemsStrategicPlan.
AD 3.6 L/S	There are written policies regarding confidentiality, including HIPAA requirements.	<ul style="list-style-type: none"> • Kitsap Co Protecting Confidentiality of PHI • Tacoma-Pierce HIPAA FORMS INDEX • Tacoma-Pierce HIPAA POLICIES INDEX • Thurston Co Confidentiality Material Policies • DOH Clients Rights and PHI • DOH confidentiality • DOH HIPAA policy • DOH Release of Confidential Information

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
		<ul style="list-style-type: none"> • EHSPHL Confidentiality policy
AD 3.7 L/S	Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data.	<ul style="list-style-type: none"> • Cowlitz Co Orientation Plan for New Employees • Grays Harbor orientation
AD 3.8 L/S	All employees have signed confidentiality agreements and BOH members and other community members and stakeholders that receive personal health information data have signed confidentiality statements.	No exemplary practice identified for this measure.

Administrative Capacity Standard 4: Leadership and Governance bodies set agency policies and direction

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
AD 4.1 L/S	There are written guidelines for system communication methods and procedures, between state programs and LHJs, and/or across programs at the state or local level.	<ul style="list-style-type: none"> • Cowlitz Co Health Alert Network HAN Protocol • DOH LHJ communications • Information plan appendix 5 • DOH WNV Communications Plan
AD 4.2 L/S	There are written guidelines and programs for effective assessment and management of risk and the agency has obtained insurance coverage specific to assessed risk.	<ul style="list-style-type: none"> • DOH Loss Prevention
AD 4.3 L/S	Written procedures are in place for communication with decision-making bodies and elected officials.	<ul style="list-style-type: none"> • Grant Co communication with BOH members in response activities • Grant Co Notification Graphic • Jefferson Co 02 OESD School Nurse Program 04-05 • Lewis Co Example BOH agenda item summary • Thurston Co Board Briefing Documents • DOH Legislative manual
AD 4.4 S	State and federal laws and policies	Many DOH program and SBOH websites

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	are accessible to the public.	link to information on state and federal laws and policies. No exemplary practice identified for this measure.
AD 4.5 L/S	A quality improvement plan is implemented, and reviewed and updated annually.	<ul style="list-style-type: none"> • Walla Walla 10.5.2 Quality Improvement Planning
AD 4.6 L/S	State and local public health leadership demonstrate active relationships with community organizations through collaborative activities and community efforts.	<ul style="list-style-type: none"> • Spokane Co 2003 Annual Report • BOH 2002-005_Membership in Partnership Orgs
AD 4.7 L/S	A strategic/operations plan is developed that includes: <ol style="list-style-type: none"> Mission and goals Division and program plans Key activities and initiatives Community involvement. 	<ul style="list-style-type: none"> • Jefferson Co Population and prevention 2005 performance measures • Kitsap Co 2004 DW Plan formatted • Snohomish Co admin scorecard • Snohomish Co cross cutting strategy descriptions • Snohomish Co EH scorecard 03 • Snohomish Co guiding principles • Budget Development Strategic Plan • Strategic Plan
AD 4.8 L	The governing body/local Board of Health: <ol style="list-style-type: none"> Orients new members, Sets operating rules and guidelines for communications with senior managers, and Votes on actions it takes. 	<ul style="list-style-type: none"> • Clark Co BOH Orientation 2005 rev
AD 4.9 L AD 4.8 S	Guidelines are in place for outside/media communications, reflect risk communication principles, and assure that an internal media contact is established.	<ul style="list-style-type: none"> • Kitsap Co News Media Relations • Tacoma-Pierce Media Policy • SBOH Media Relations Guidelines. • WNV Communications Plan
AD 4.10 L AD 4.9 S	Communication includes increasing the public's understanding of the mission and role of public health.	<ul style="list-style-type: none"> • Clark Co 2004 report to community • King Co COW presentation • Thurston Co PH IN 21ST CENT
AD 4.11 L AD 4.10 S	Customer service standards are established and implemented for all employees with a job function that requires them to interact with the	<ul style="list-style-type: none"> • Kitsap Co Customer Service PHELF 0803 • Tacoma-Pierce EH Customer service

NUMBER	MEASURE	EXEMPLARY PRACTICE DOCUMENTATION AND SOURCE
	general public.	focus group • Customer service
AD 4.12 L AD 4.11 S	Legal counsel is available	No exemplary practice identified for this measure.